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is our business.

DOCKET FILE COPY ORIGINAL

REDACTED FOR PUBLIC INSPECTION

7852 Walker Drive, Suite 200
Greenbelt, Maryland 20770
phone: 301-459-7590, fax: 301-577-5575
internet: www.jsitel.com, e-mail: jsitel@jsitel.com

June 19, 2014

Via Hand Delivery

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Washington, DC 20554

Accepted/Filed

JUN 19 2014

FCC Office of the Secretary

**Re: WC Docket No. 10-90, WC Docket No. 11-42
2014 ETC Annual Report of Coleman County Telephone Cooperative, Inc.
Study Area Code 442057**

Dear Ms. Dortch:

On behalf of Coleman County Telephone Cooperative, Inc. ("Coleman County"), JSI files the attached confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission's rules.¹ Coleman County seeks confidential treatment under Protective Order for section 54.313(f)(2) financial information.² The redacted version is also being filed this date via the FCC's Electronic Comment Filing System. In addition, attached is a letter requesting confidential treatment under Sections 0.457 and 0.459 of the initial section 54.202(a) Five-Year Service Quality Improvement Plan.³

Please direct any questions regarding the filing to the undersigned.

Sincerely,

John Kuykendall
JSI Vice President
301-459-7590
jkuykendall@jsitel.com

cc: Charles Tyler, Telecommunications Access Policy Division (two copies, confidential)

No. of Copies rec'd 0+3
List ABCDE

¹ 47 C.F.R. §§ 54.313, 54.422.

² *Connect America Fund et al.*, WC Docket No. 10-90 *et al.*, Protective Order, DA 12-1857 rel. Nov. 16, 2012 (Protective Order). 47 C.F.R. § 54.313(f)(2).

³ 47 C.F.R. §§ 0.457, 0.459, 54.202(a).

Echelon Building II, Suite 200
9430 Research Blvd., Austin, TX 78759
phone: 512-338-0473, fax: 512-346-0822

Eagandale Corporate Center, Suite 310
1380 Corporate Center Curve, Eagan, MN 55121
phone: 651-452-2660, fax: 651-452-1909

6849 Peachtree Dunwoody Road
Bldg. B-3, Suite 200, Atlanta, GA 30328
phone: 770-569-2105, fax: 770-410-1608

547 South Oakview Lane
Bountiful, UT 84010
phone: 801-294-4576, fax: 801-294-5124



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445 12th Street, SW
Washington, DC 20554

**Re: WC Docket No. 10-90, WC Docket No. 11-42
2014 ETC Annual Report of Coleman County Telephone Cooperative, Inc.
Study Area Code 442057
Request for Confidentiality**

Dear Ms. Dortch:

John Staurulakis, Inc. ("JSI"), on behalf of its client Coleman County Telephone Cooperative, Inc. (the "Company") hereby requests, pursuant to Sections 0.457 and 0.459 of the Commission's rules,¹ withholding from public inspection certain information contained in an attachment to the above referenced reporting requirement. The Company provides the following in support of its request, numbered consistent with the subparagraphs of Section 0.459(b).²

1. The information for which the Company is seeking confidential treatment is an attachment to the Company's annual reporting information pursuant to Sections 54.313 and 54.422 of the Commission's rules ("Report").³
2. Rate-of-Return Eligible Telecommunications Carriers ("ETCs") must file with the Commission an initial section 54.202(a) Five-Year Service Quality Improvement Plan ("Five-Year Plan") which is contained in the attachment to the 2014 Report.⁴
3. The information contained in attachment for which the Company seeks the withholding from public inspection is the entirety of data pertaining to the Company's Five-Year Plan provided at FCC Form 481 Line 112 attachment. Information of this nature is confidential commercial information routinely withheld from public inspection.

¹ 47 C.F.R. §§ 0.457, 0.459.

² 47 C.F.R. § 0.459(b)(1) through (9).

³ 47 C.F.R. §§ 54.313, 54.422.

⁴ See *In the Matter of Connect America Fund*, WC Docket No. 10-90, Order DA 14-591 (rel. May 1, 2014).

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phone: 770-569-2105, fax: 770-410-1608

547 South Oakview Lane
Bountiful, UT 84010
phone: 801-294-4576, fax: 801-294-5124

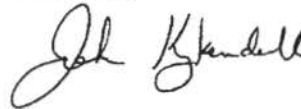
been providing to them for many years as well as to satisfy mandatory reporting requirements and does not share the information for which protection is sought. The Company protects the secrecy of this information with a security protocol that ensures the information is not inadvertently disclosed or disseminated. Only directors, managers and employees with a direct need to know are authorized to access the information.

7. Any previous versions of this information are not publicly available.
8. Because the information is not routinely available, a need exists for maintaining the confidentiality of this information permanently.
9. Not applicable.

Based on the preceding, JSI respectfully requests on behalf of the Company that the Commission grant confidential treatment under Section 0.459 to Company's Five-Year Plan provided at FCC Form 481 Line 112 attachment.

Please contact the undersigned with any questions regarding this request.

Sincerely,



John Kuykendall
JSI Vice President
301-459-7590
jkuykendall@jsitel.com

<010> Study Area Code	442057	
<015> Study Area Name	COLEMAN COUNTY CO-OP	Accepted/Filed
<020> Program Year	2015	
<030> Contact Name: Person USAC should contact with questions about this data	Tim Humpert	JUN 19 2014
<035> Contact Telephone Number: Number of the person identified in data line <030>	3253483124 ext.	FCC Office of the Secretary
<039> Contact Email Address: Email of the person identified in data line <030>	timh@web-access.net	

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	<div></div> (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	<div></div> (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <div>442057tx510.pdf</div>	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <div>442057tx610.pdf</div>	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> <div></div>	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)?	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet			
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers			
<2000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet			
<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code	442057
<015> Study Area Name	COLEMAN COUNTY CO-OP
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Tim Humpert
<035> Contact Telephone Number - Number of person identified in data line <030>	3253483124 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	timh@web-access.net

<110> Has your company received its ETC certification from the FCC? (yes / no) ☐ ☒

If your answer to Line <110> is yes, do you have an existing §54.202(a) "5

<111> year plan" filed with the FCC? (yes / no) ☐ ☐

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

442057tx112.pdf

Name of Attached Document

Please check these boxes below to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

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(200) Service Outage Reporting (Voice)
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	442057
-------	-----------------	--------

<015>	Study Area Name	COLEMAN COUNTY CO-OP
-------	-----------------	----------------------

<020>	Program Year	2015
-------	--------------	------

<030>	Contact Name - Person USAC should contact regarding this data	Tim Humpert
-------	---	-------------

<035> Contact Telephone Number - Number of person identified in data line <030> 3253483124 ext.

<039>	Contact Email Address - Email Address of person identified in data line <030>	timh@web-access.net
-------	---	---------------------

<220>	<a>	<b1>	<b2>	<b3>	<b4>	<c1>	<c2>	<d>	<e>	<f>	<g>	<h>
-------	-----	------	------	------	------	------	------	-----	-----	-----	-----	-----

[illegible]

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(700) Price Offerings Including Voice Rate Data
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0919
July 2013

<010>	Study Area Code	442057
<015>	Study Area Name	COLEMAN COUNTY CO-OP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Tim Humpert
<035>	Contact Telephone Number - Number of person identified in data line <030>	3253483124 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	timh@web-access.net

<701>	Residential Local Service Charge Effective Date	1/1/2014
<702>	Single State-wide Residential Local Service Charge	

[illegible]

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(710) Broadband Price Offerings
Data Collection Form

FCC Form 481

OMB Control No. 3060-0985/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	442057
<015>	Study Area Name	COLEMAN COUNTY CO-OP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Tim Humpert
<035>	Contact Telephone Number - Number of person identified in data line <030>	3253483124 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	timhweb-access.net

[illegible]

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(800) Operating Companies
Data Collection Form
FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	442057
<015>	Study Area Name	COLEMAN COUNTY CO-OP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Tim Humpert
<035>	Contact Telephone Number - Number of person identified in data line <030>	3253483124 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	timh@web-access.net
<810>	Reporting Carrier	Coleman County Telephone Cooperative, Inc.
<811>	Holding Company	
<812>	Operating Company	

[illegible]

**(900) Tribal Lands Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code 442057

<015>	Study Area Name	COLEMAN COUNTY CO-OP
-------	-----------------	----------------------

<020>	Program Year	2015
-------	--------------	------

<030>	Contact Name - Person USAC should contact regarding this data	Tim Humpert
-------	---	-------------

<035>	Contact Telephone Number - Number of person identified in data line <030>	3253483124 ext.
-------	---	-----------------

<039> Contact Email Address - Email Address of person identified in data line <030> timh@web-access.net

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

<921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.

<922> Feasibility and sustainability planning;

<923> Marketing services in a culturally sensitive manner;

<924> Compliance with Rights of way processes

<925> Compliance with Land Use permitting requirements

<926> Compliance with Facilities Siting rules

<927> Compliance with Environmental Review processes

<928> Compliance with Cultural Preservation review processes

<929> Compliance with Tribal Business and Licensing requirements.

Select (Yes,No, NA)

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	442057
<015>	Study Area Name	COLEMAN COUNTY CO-OP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Tim Humpert
<035>	Contact Telephone Number - Number of person identified in data line <030>	3253483124 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	timh@web-access.net

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	442057
<015>	Study Area Name	COLEMAN COUNTY CO-OP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Tim Humpert
<035>	Contact Telephone Number - Number of person identified in data line <030>	3253483124 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	timh@web-access.net

442057tx1210.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒

<1222> Details on the number of minutes provided as part of the plan, ☒

<1223> Additional charges for toll calls, and rates for each such plan. ☒

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(2000) Price Cap Carrier Additional Documentation

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OAS Control No. 3060-0986/OAS Control No. 3060-0619

July 2013

<010>	Study Area Code	442057
<015>	Study Area Name	COLEMAN COUNTY CO-OP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Tim Humpert
<035>	Contact Telephone Number - Number of person identified in data line <030>	3253483124 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	timh@web-access.net

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010>	2nd Year Certification {47 CFR § 54.313(b)(1)}	<input type="checkbox"/>
<2011>	3rd Year Certification {47 CFR § 54.313(b)(2)}	<input type="checkbox"/>

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

<2012>	2013 Frozen Support Certification	<input type="checkbox"/>
<2013>	2014 Frozen Support Certification	<input type="checkbox"/>
<2014>	2015 Frozen Support Certification	<input type="checkbox"/>
<2015>	2016 and future Frozen Support Certification	<input type="checkbox"/>

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016>	Certification Support Used to Build Broadband	<input type="checkbox"/>
--------	---	--------------------------

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017>	3rd year Broadband Service Certification	<input type="checkbox"/>
<2018>	5th year Broadband Service Certification	<input type="checkbox"/>
<2019>	Interim Progress Certification	<input type="checkbox"/>
<2020>	Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input type="checkbox"/>

<2021>	Interim Progress Community Anchor Institutions	
--------	--	--

Name of Attached Document Listing Required Information

(9000) Rate Of Return Carrier Additional Documentation

Data Collection Form

FCC Form 481

OMB Control No. 3060-0064/OMB Control No. 3060-0819

July 2013

<010> Study Area Code	442057
<015> Study Area Name	COLEMAN COUNTY CO-OP
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Tim Humpert
<035> Contact Telephone Number - Number of person identified in data line <030>	3253483124 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	timhweb-access.net

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) Progress Report on 5 Year Plan
Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii))

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))

(Yes/No)

(3014) If yes, does your company file the RUS annual report

(Yes/No)

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) ☒

(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☒

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

442057tx3017.pdf

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, Is your company audited?

(Yes/No)

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications ☐

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit. ☐

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, ☐

(3023) Underlying information subjected to a review by an independent certified public accountant ☐

(3024) Underlying information subjected to an officer certification. ☐

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

REDACTED FOR PUBLIC INSPECTION

Certification - Reporting Carrier Data Collection Form	OMB Form 451 OMB Control No. 3004-0001/OMB Control No. 3004-0001 July 2003
---	--

<010>	Study Area Code	442057
<015>	Study Area Name	COLEMAN COUNTY CO-OP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Tim Humpert
<035>	Contact Telephone Number - Number of person identified in data line <030>	3253483124 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	timh@web-access.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

REDACTED FOR PUBLIC INSPECTION

Certification Agent / Carrier Data Collection Form	FCR-2013-001 OMB Control No. 3040-0065/OMB Control No. 3060-0018 July 2013
---	--

<010> Study Area Code	442057
<015> Study Area Name	COLEMAN COUNTY CO-OP
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Tim Humpert
<035> Contact Telephone Number - Number of person identified in data line <030>	3253483124 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	timh@web-access.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>Daine Longenecker</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	Daine Longenecker
Name of Reporting Carrier:	COLEMAN COUNTY CO-OP
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 06/18/2014
Printed name of Authorized Officer:	Tim Humpert
Title or position of Authorized Officer:	CFO/GM
Telephone number of Authorized Officer:	3253483124 ext.
Study Area Code of Reporting Carrier:	442057 Filing Due Date for this form: 06/30/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	COLEMAN COUNTY CO-OP
Name of Authorized Agent or Employee of Agent:	Diane Longenecker
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 06/18/2014
Printed name of Authorized Agent or Employee of Agent:	Diane Longenecker
Title or position of Authorized Agent or Employee of Agent:	Manager - Regulatory Affairs
Telephone number of Authorized Agent or Employee of Agent:	5123380473 ext. 235
Study Area Code of Reporting Carrier:	442057 Filing Due Date for this form: 06/30/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

REDACTED FOR PUBLIC INSPECTION

Attachments

REDACTED – FOR PUBLIC INSPECTION

COLEMAN COUNTY TELEPHONE COOPERATIVE, INC. (SAC 442057)

ATTACHMENT - LINE 112

FIVE YEAR SERVICE QUALITY IMPROVEMENT PLAN

ATTACHMENT REDACTED IN ENTIRETY

Coleman County Telephone Cooperative, Inc.

Study Area Code: 442057

Response to Line 510 - Service Quality Standards and Consumer Protection Rules

Compliance – Voice and Broadband

In establishing this certification in its *2005 ETC Order*,¹ the FCC found that an ETC must make “a specific commitment to objective measures to protect consumers.”² The FCC found that for wireless ETCs, compliance with CTIA’s Consumer Code for Wireless Service would satisfy this requirement and that the sufficiency of other commitments would be considered on a case-by-case basis.³ In this context, the FCC stated, “to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement.”⁴

Coleman County Telephone Cooperative, Inc. (“Cooperative”) hereby certifies that its voice service complies with applicable service quality standards and consumer protection rules under the Texas Administrative Code, Title 16, Part II, as established by the Public Utility Commission of Texas. These obligations include, but are not limited to, the following: (1) filing a Local Exchange Tariff which discloses rates, terms and conditions of service to customers pursuant to Subchapter J requirements in Sections 26.201-26.230; (2) adherence to state consumer

¹ *Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) (“*2005 ETC Order*”).

² *Id.* at para. 28.

³ *Id.* The FCC noted that under the CTIA Consumer Code, wireless carriers agree to: “(1) disclose rates and terms of service to customers; (2) make available maps showing where service is generally available; (3) provide contract terms to customers and confirm changes in service; (4) allow a trial period for new service; (5) provide specific disclosures in advertising; (6) separately identify carrier charges from taxes on billing statements; (7) provide customers the right to terminate service for changes to contract terms; (8) provide ready access to customer service; (9) promptly respond to consumer inquiries and complaints received from government agencies; and (10) abide by policies for protection of consumer privacy.” *Id.* at n. 71.

⁴ *Id.* at n. 72.

protection requirements governing telephone providers as identified in Subchapter B, in Sections 26.21-26.37; and (3) service quality standards requirements as identified in Subchapter C, Sections 26.51 -26.57. In addition, the Cooperative complies with numerous federal consumer protection standards including, but not limited to: (1) Truth-in-Billing Rules outlined in 47 CFR § 64.2401; and (2) compliance with Federal CPNI rules, Red Flag Rules and other applicable federal and state requirements governing the protection of customers' privacy.

For its broadband service, Cooperative hereby certifies that while there are no applicable state broadband service quality standards and consumer protection rules yet established under the Texas Administrative Code by the Public Utility Commission of Texas, the Cooperative discloses rates, terms and conditions on its public web site and the Cooperative complies with applicable federal and state customer protection standards generally applicable to all businesses operating in Texas. In addition, the Cooperative adheres to consumer protection obligations for broadband services under federal law. These obligations include, but are not limited to, the following: public disclosure of accurate information regarding network management practices, performance, and commercial terms of broadband internet access services; as a means of providing sufficient information for consumers to make informed choices regarding use of such services, and for content, application, service and device providers to develop, market, and maintain internet offerings as specified in F.C.C. 47 C.F.R. Part 8 §8.3.

Coleman County Telephone Cooperative, Inc.

Study Area Code: 442057

**Response to Line 610 - Ability to Function in Emergency Situations
for Voice and Broadband**

Coleman County Telephone Cooperative, Inc. ("Cooperative") hereby certifies that it is able to function in emergency situations as set forth in the Code of Federal Regulations, Title 47, Part 54, Subpart C, §54.202(a)(2)¹ and the Texas Administrative Code. The Cooperative's network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a)(2). The Cooperative can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations also allows the Cooperative to manage traffic spikes throughout its network, as emergency situations require.

Specifically, the Cooperative is able to function under emergency operations in accordance with Public Utility Commission of Texas Substantive Rules §26.51 *Reliability of Operations of Telecommunications Providers* and §26.52 *Emergency Operations* which include obligations for continuity of service and emergency operations planning and service provision capability for dominant carriers. Any central office not equipped with permanently installed standby generators contains as a minimum four hours of battery reserve without voltage falling below the level required for proper operation of all equipment. In addition, all central offices without installed

¹ Section 54.202(a)(2) requires ETCs that are designated by the Commission to "demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations."

emergency power facilities have a mobile power unit available which can be delivered and connected on short notice.

The Cooperative's standby generators and battery back-up equipment support both voice and broadband network equipment in the event of an emergency situation.

REDACTED FOR PUBLIC INSPECTION

(700) Price Offerings Including Voice Rate Data Data Collection Form

<010>	Study Area Code	442057
<015>	Study Area Name	COLEMAN COUNTY CO-OP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Tim Humpert
<035>	Contact Telephone Number - Number of person identified in data line <030>	3253483124 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	timh@web-access.net

<701>	Residential Local Service Charge Effective Date	1/1/2014
<702>	Single State-wide Residential Local Service Charge	

<703>

[illegible]

REDACTED FOR PUBLIC INSPECTION

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	442057
<015>	Study Area Name	COLEMAN COUNTY CO-OP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Tim Humpert
<035>	Contact Telephone Number - Number of person identified in data line <030>	3253483124 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	timh@web-access.net

<711>

[illegible]